



June Provider Summits – Findings Preliminary Data Analysis Illinois Behavioral Health Integration Project (BHIP)

**DATA SECURITY & PRIVACY COMMITTEE
ILHIE AUTHORITY BOARD
FRIDAY, JULY 27, 2012**

**PRESENTED BY
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DATA ANALYSIS BY CHITREC

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What is BHIP?

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- Federally funded grant awarded to Illinois in Jan 2012
- Targets behavioral health providers (mental health and substance abuse treatment centers)
- Creates operational, legal and technical framework to support utilization of the health information exchange (HIE)
- Fosters participation from providers and consumers
- Maintains a broad network of partners

BHIP will provide...

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- **Clear information on HIE**
- **Tools addressing HIE**
- **IT solutions**
- **Recommended policies**

- Webinars & statewide meetings
- Template consent forms, data sharing agreements and implementation protocols
- Data architecture to capture behavioral health information
- Proposed state legislation
- Recommendations for federal changes

BHIP will provide... (con't)

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- **Research of current capabilities**
- **Small funding pool for behavioral health providers**
- Capacity study of behavioral health providers
- 3 – 4 demonstration projects of electronic exchange

The Summits...

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- Targeted mental health and substance use treatment providers;
- Hosted large –format focus groups and individual surveys;
- Offered focused dialogue on key questions affecting the policy environment.

Five summits conducted in four weeks:

Rockford – June 7th
Chicago – June 14th
Chicago 2 – June 20th

Springfield – June 26th
Carterville – June 27th

The role of the provider in the Summit

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- Recommend policy changes and participate in the development of a new policy framework

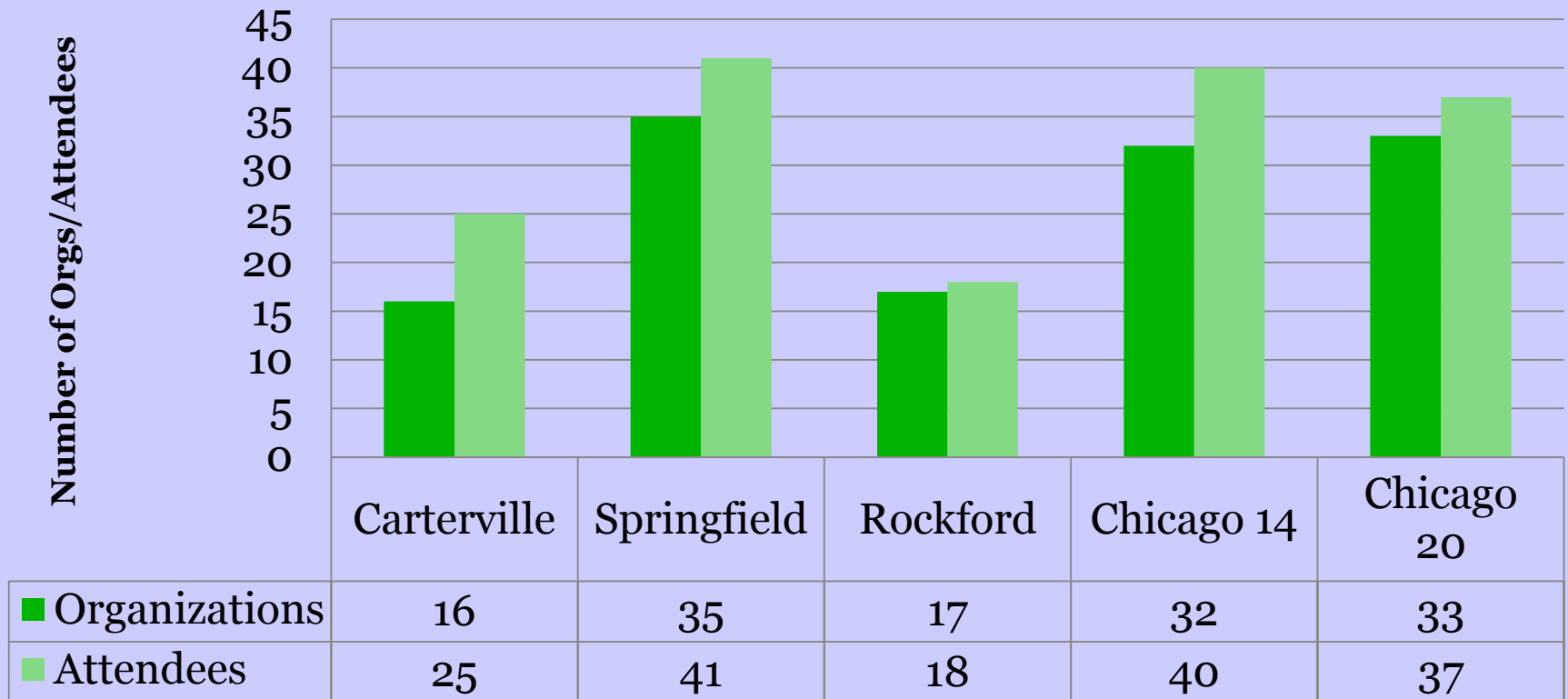
Because they are:

- Experts in service delivery and state policy
- Advocates for clients
- Sources of health information and data

Nice Turn-Out!

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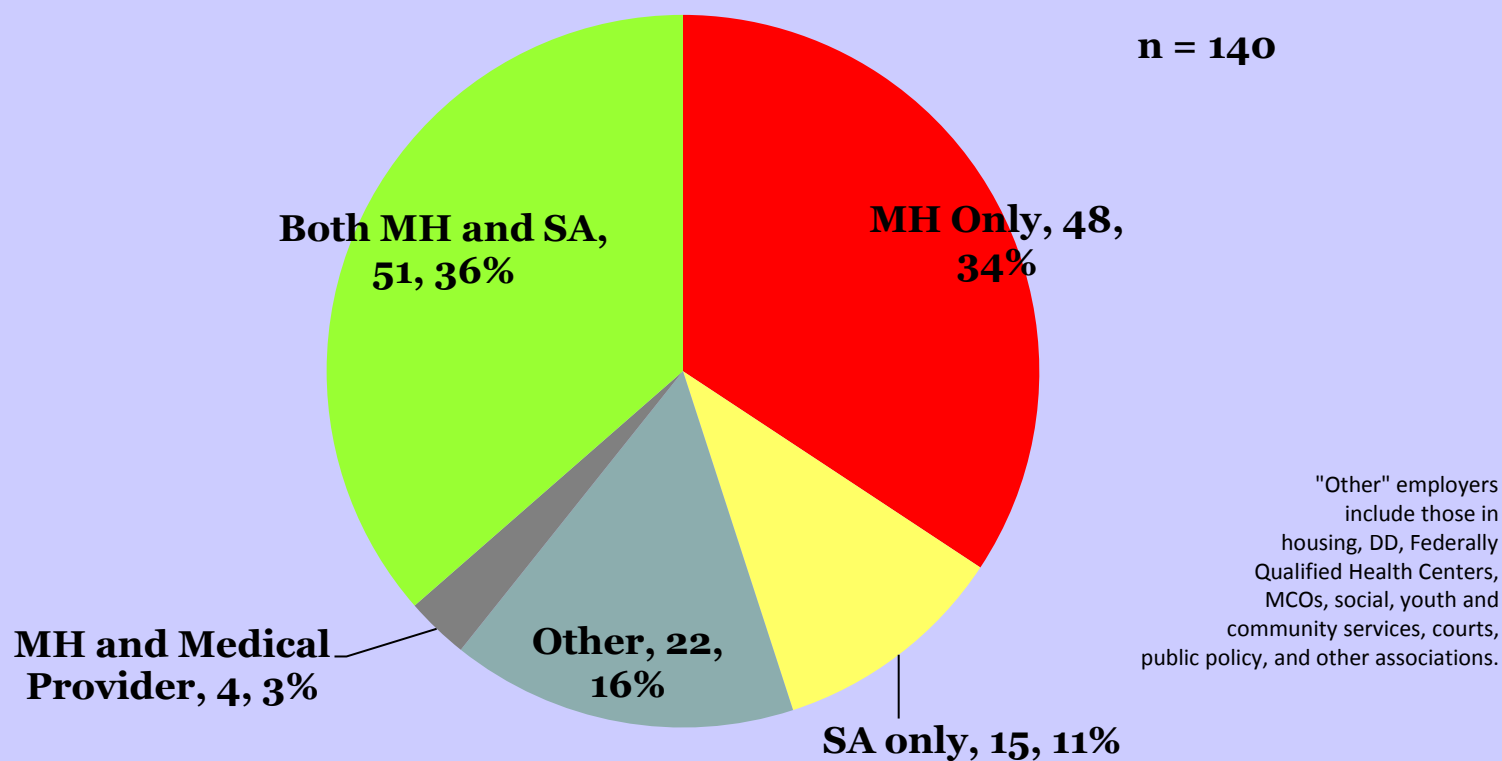
Unique Organizations and Attendees at BHIP Summits



Target Audience in Attendance

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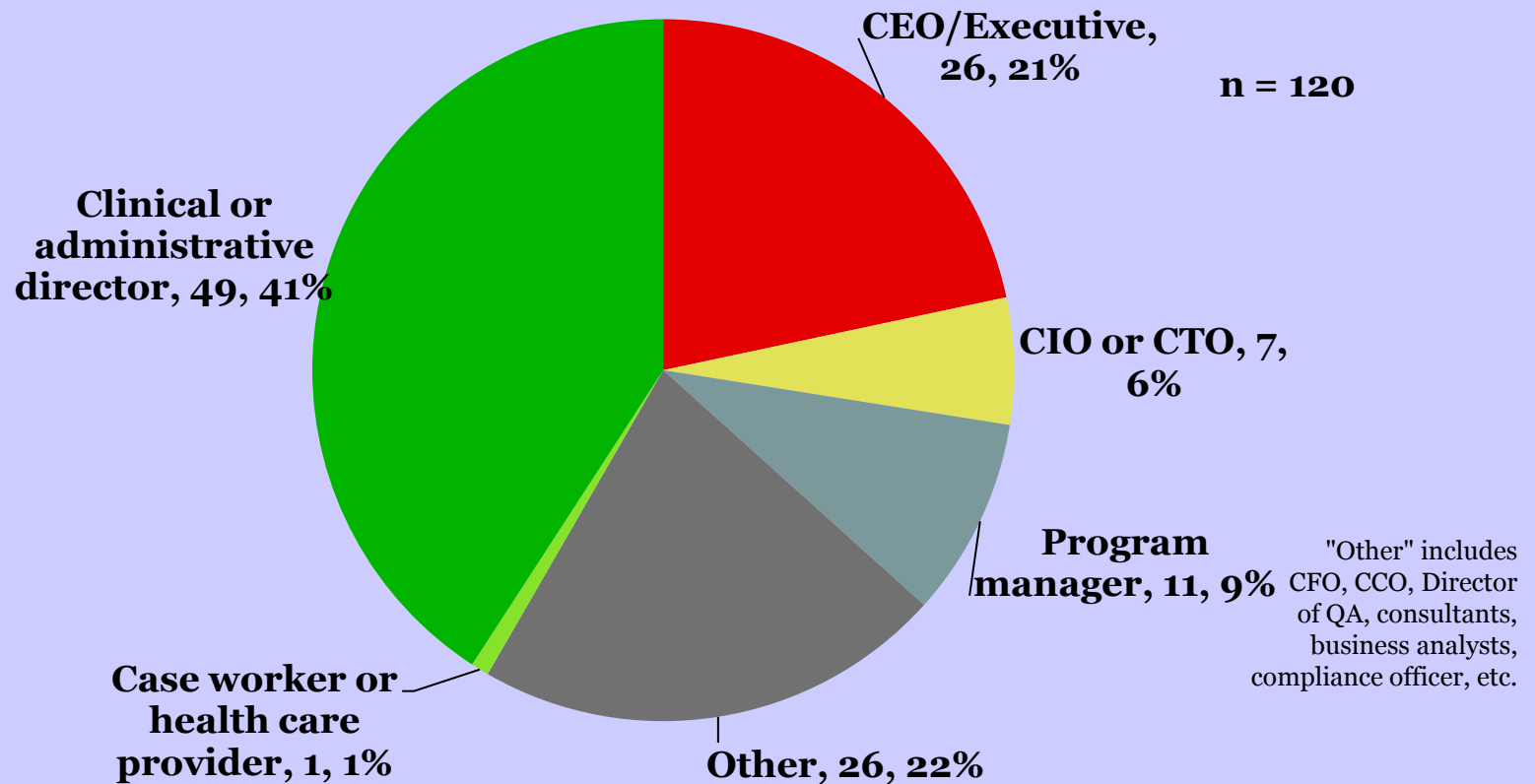
All Summit Attendees - Employer Organization Type



Decision-Makers Present

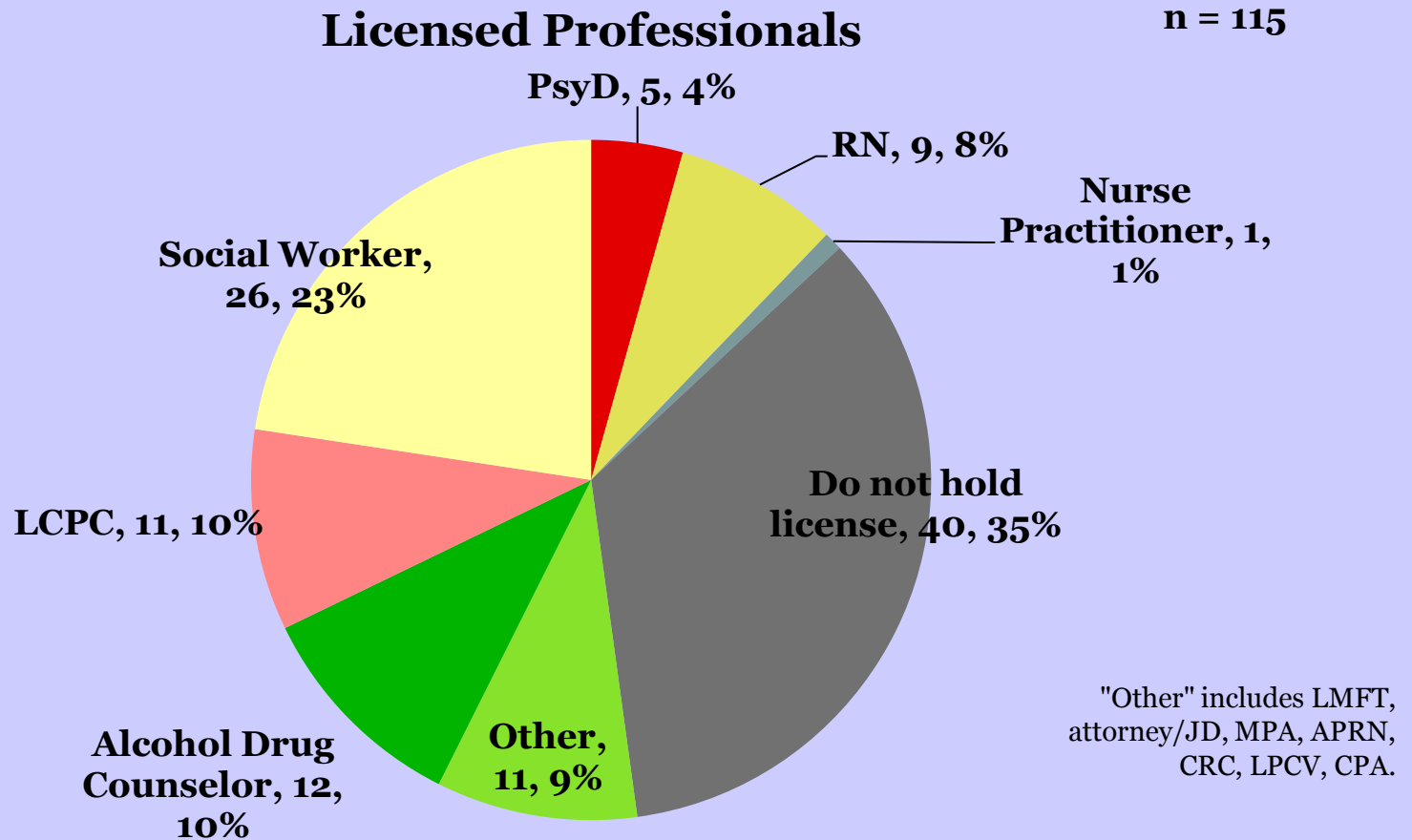
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Job Titles/Categories of Participants



Licensed in Behavioral Health Fields

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Hypothesis

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Behavioral health providers, specifically mental health and substance use treatment organizations...

1. Are much less likely to utilize EHR systems; and
2. Prefer stringent consent environments required by 42 CFR Part 2 and IMHDDCA.

Framing Questions & Intended Results

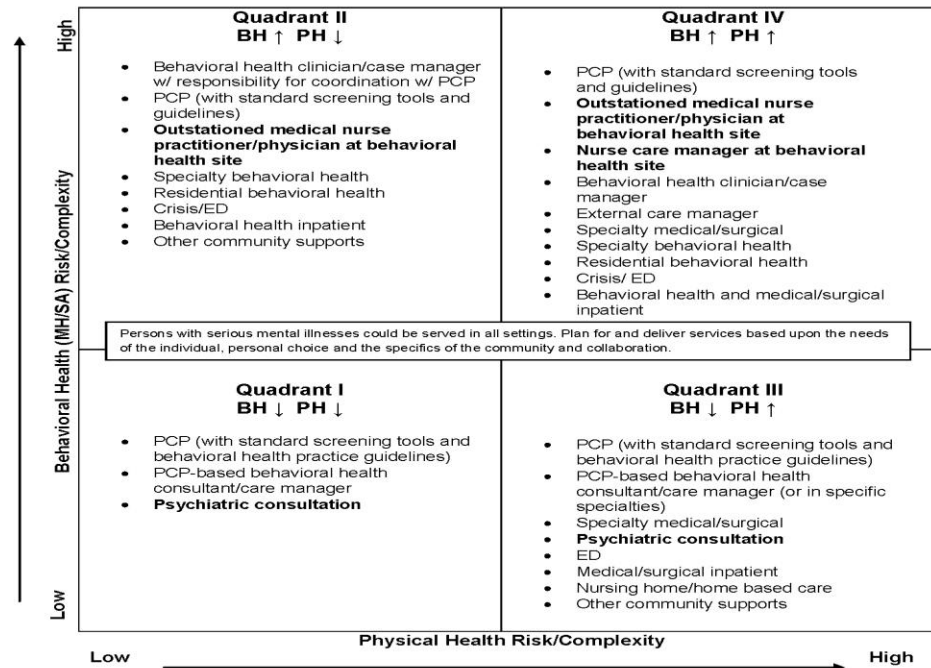
12

1. Care Coordination/Collaboration: What does it look like now?
And how should it look in the near future?
 - **Care coordination models:** Summary of service elements, complexity of population, exchange points
2. a) What is the critical patient information to share in a collaborative integrated environment? b) What restrictions, if any, should exist on this information?
 - **Patient information & restrictions:** List of critical info and info to be shared; list of restrictions
3. How should consumer/patient consent work?
 - **Consent model:** Summary of a consent model; consent worksheet identifies when captured and when consumer education occurs

Four Quadrant Integration Model

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The Four Quadrant Clinical Integration Model*



This Four Quadrant Clinical Integration Model captures conceptual elements of behavioral health and physical health risk and suggests major system elements that would be employed to meet the needs of each subset of population. Items in bold reflect additions specific to integrated care and the healthcare home. This model is for collaborative planning processes.

*National Council for Community Behavioral Healthcare. *Behavioral Health/Primary Care Integration and the Person-Centered Healthcare Home.* ©2009

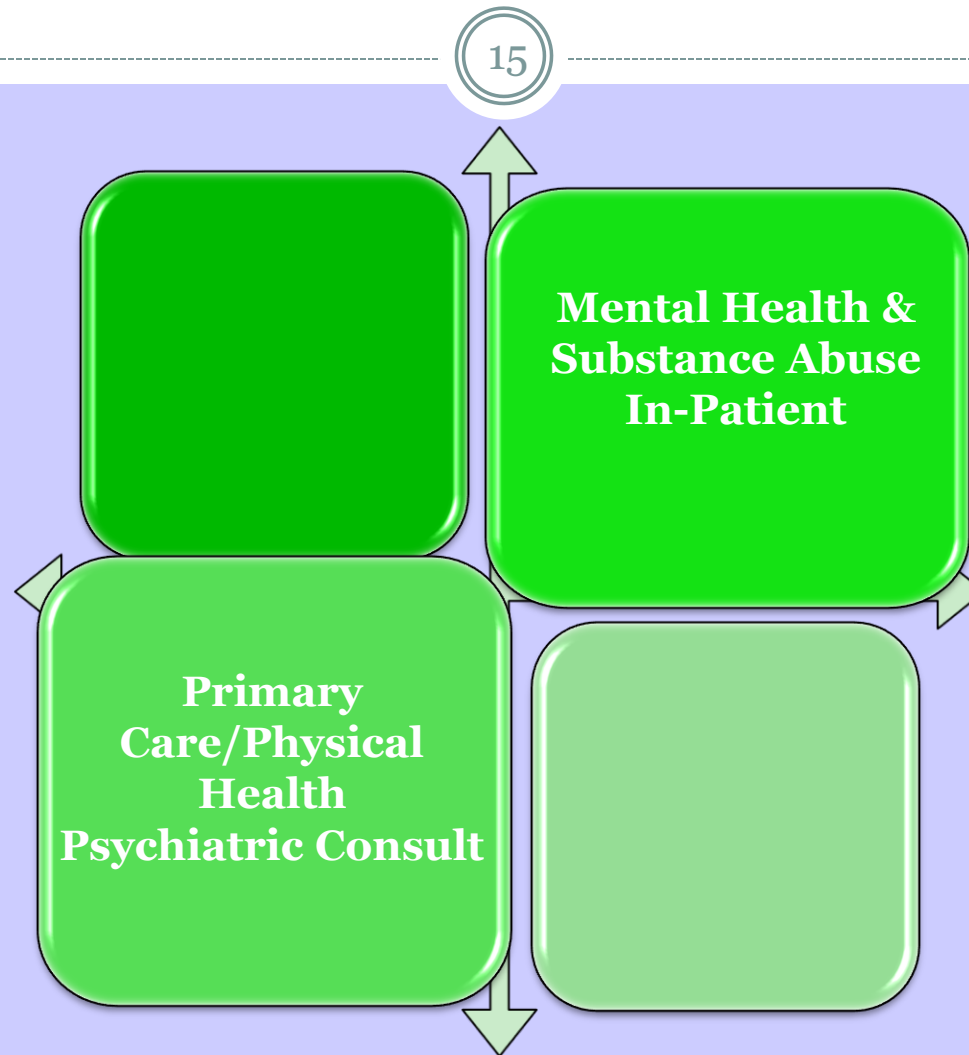
Trend-Spotting: Core Services in Q2

14

**Mental Health
Outpatient/Counseling
Substance abuse
Crisis**

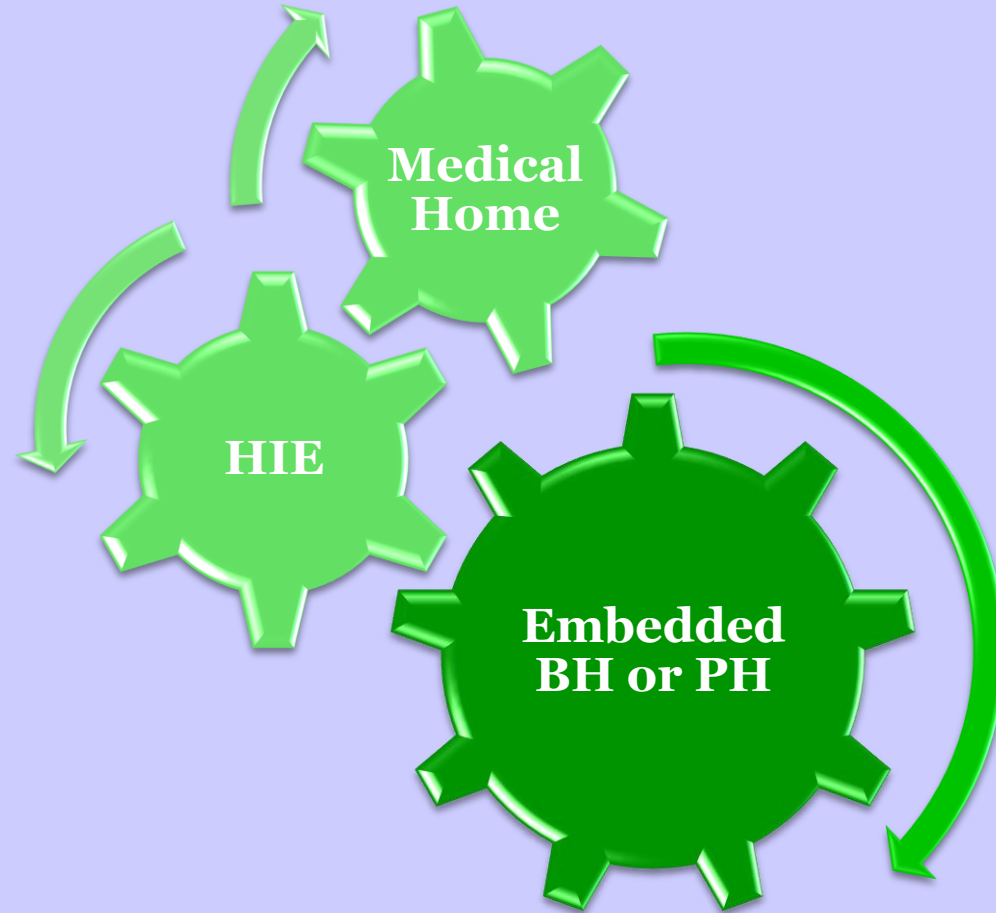
```
graph TD; A[Mental Health Outpatient/Counseling Substance abuse Crisis] --> B[ ]; A --> C[ ]; A --> D[ ]; A --> E[ ]
```

Trend-Spotting: Referral in Q1 & 4



Anticipated Changes – 3yr Horizon

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Exchange Points

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Admission



Discharge



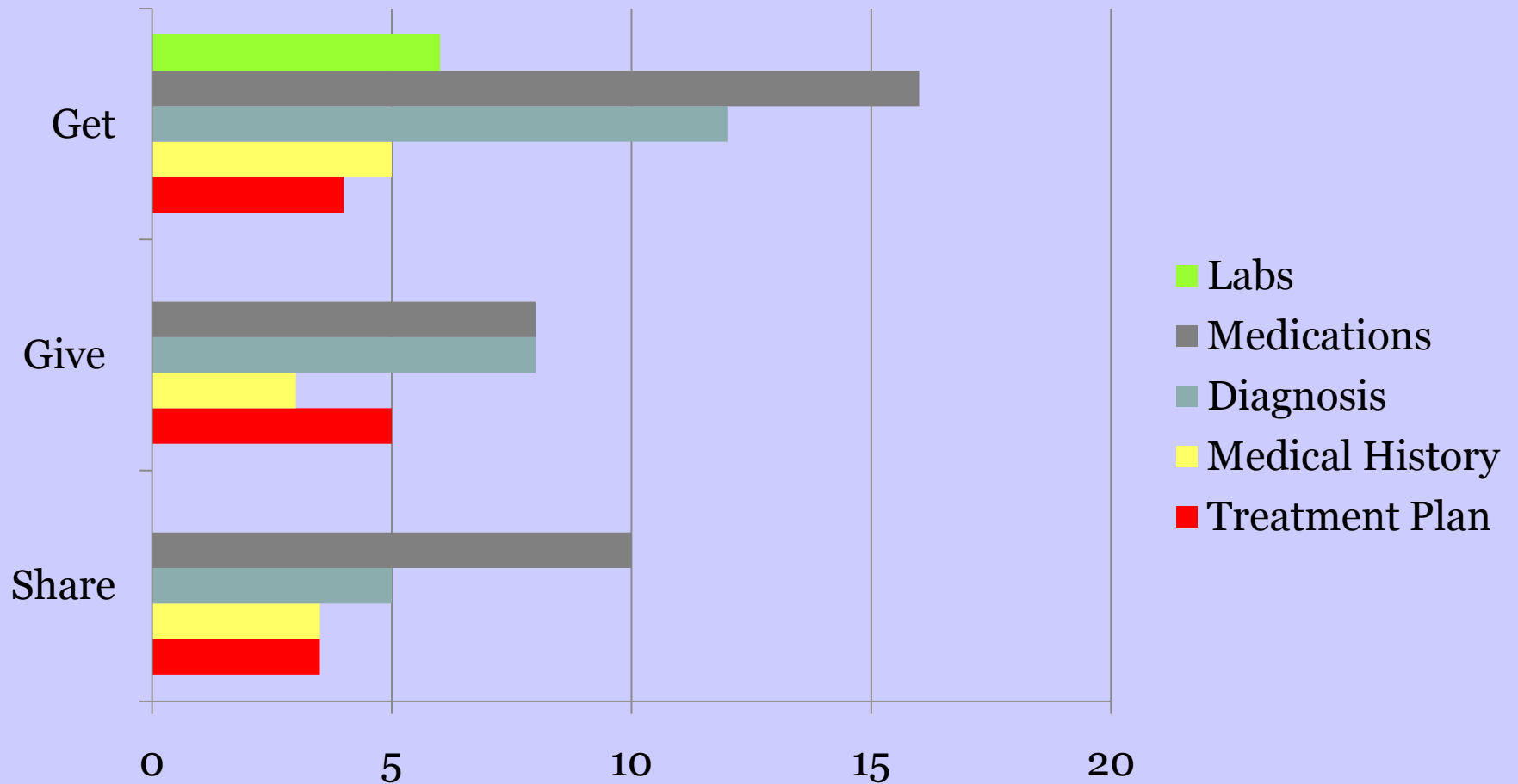
Referral



Transfer

Get-Give-Share Information

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Restrictions

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Data

- Therapy Notes
- HIV
- SA
- DV
- None at all

Process

- Need to know
- For treatment purposes
- Granular

Duration

- One year
- For treatment
- As long as necessary
- None at all

Consent Models

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Current Law

- Need to know
- Time limited
- Granular

Mixed Model

- One-year
- Blanket consent
- No witness
- Template forms

Federal Standard

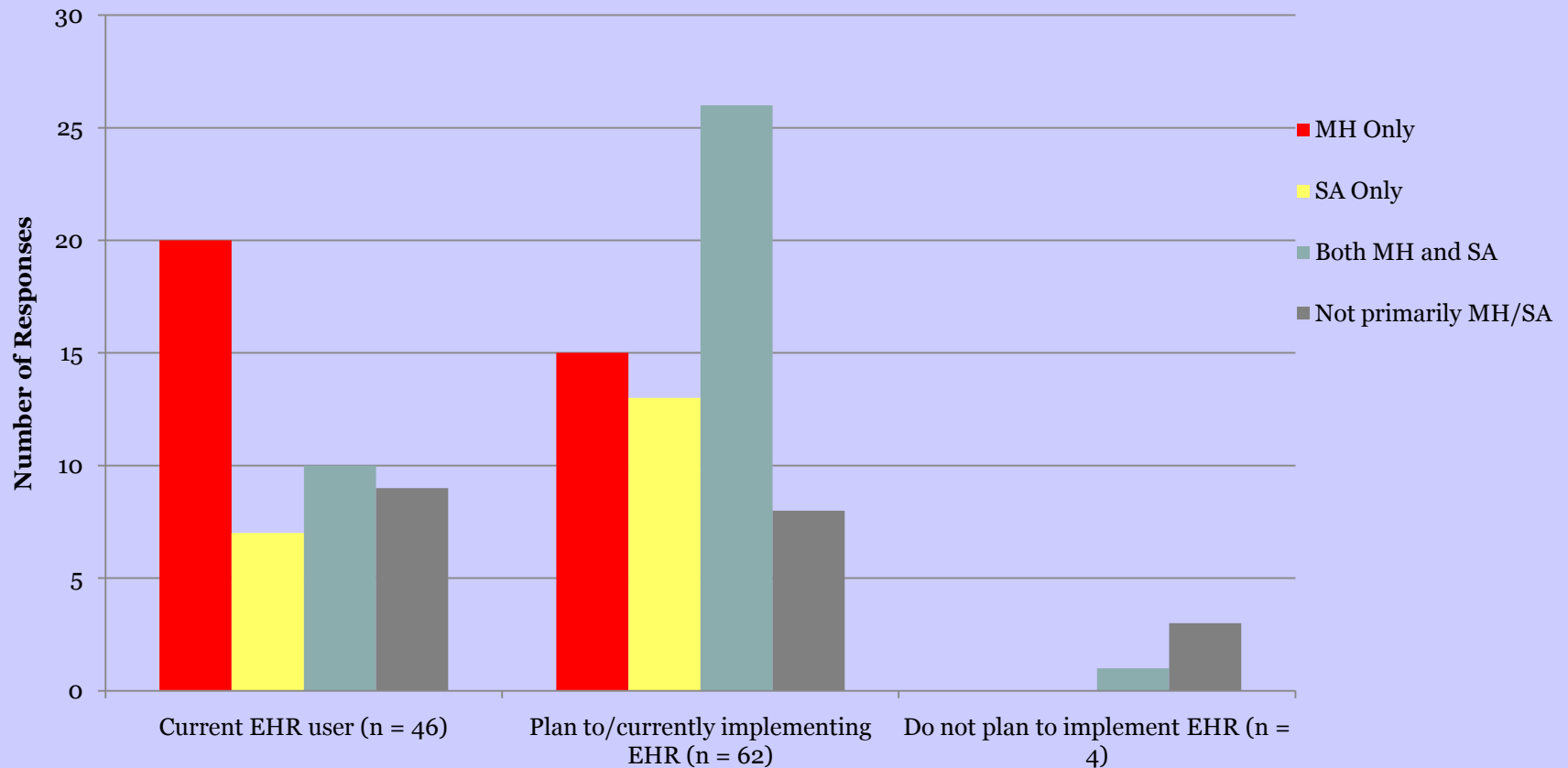
- Blanket for Treatment, Payment and Operations
- Global consent form

A Majority Familiar with EHR

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EHR Implementation Status

n = 112

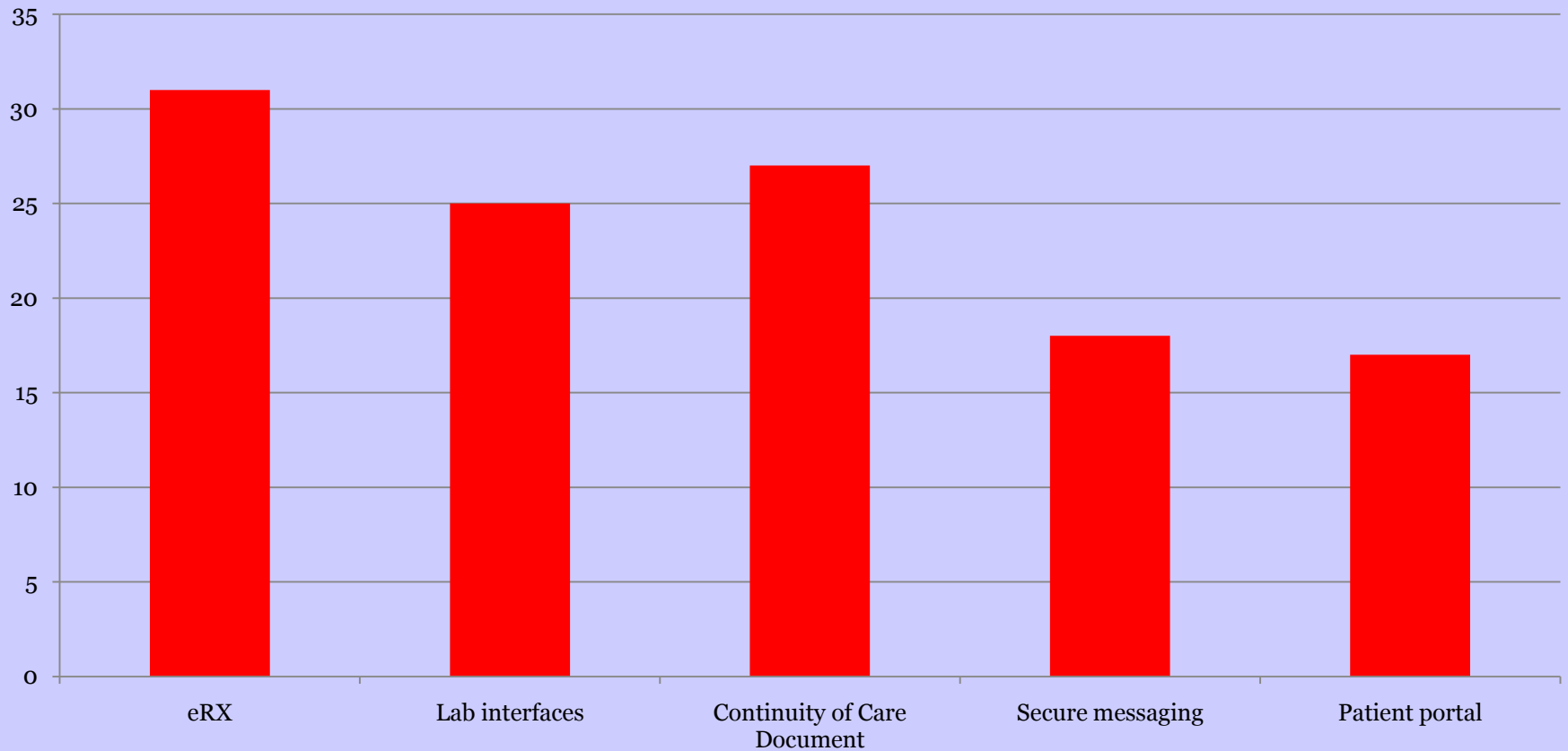


Participants use EHR for treatment

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Support EHR functionalities

n = 120

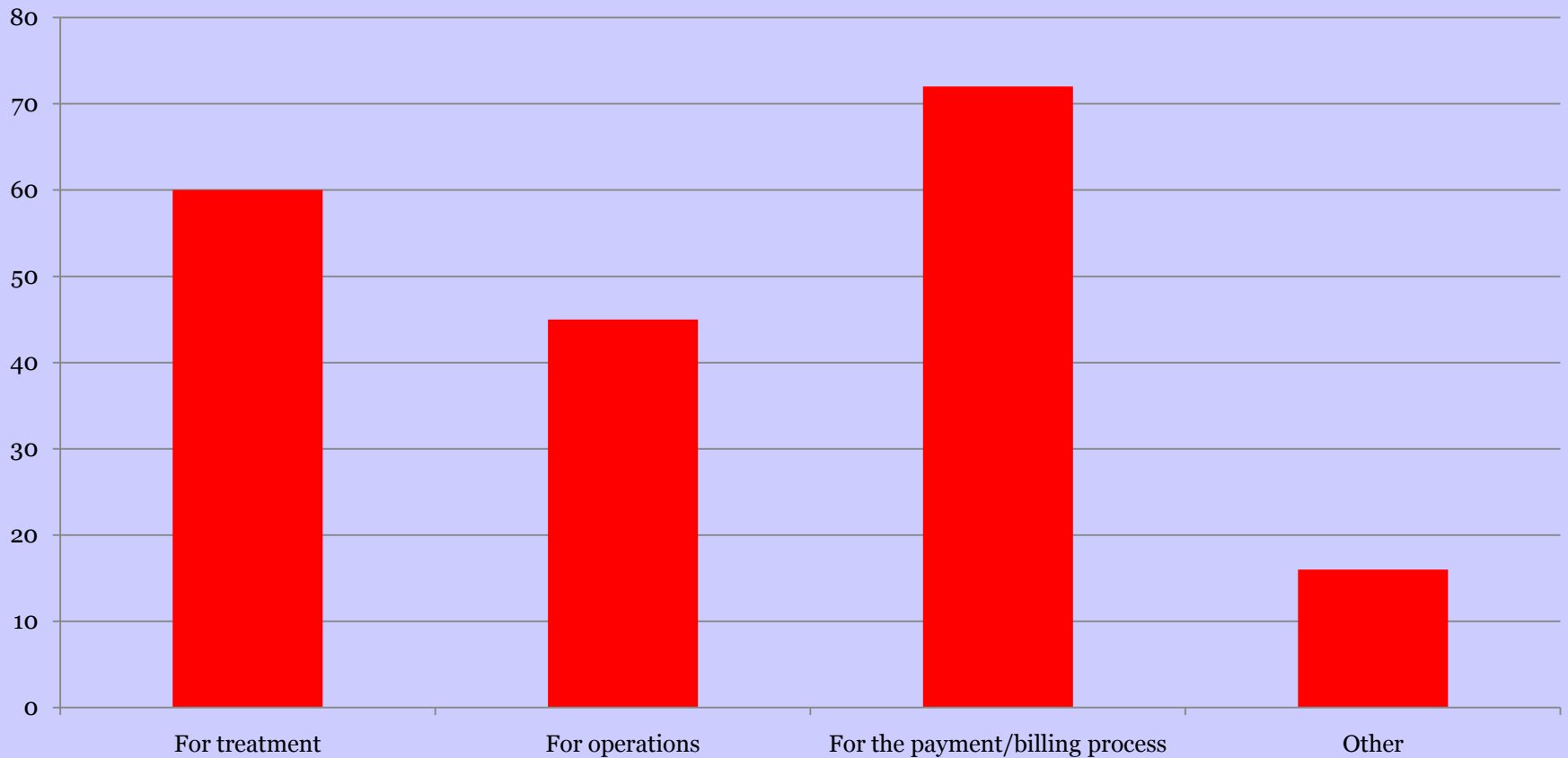


For participants, EHR has significant role in billing

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Ways EHR or other HIT tools have been used

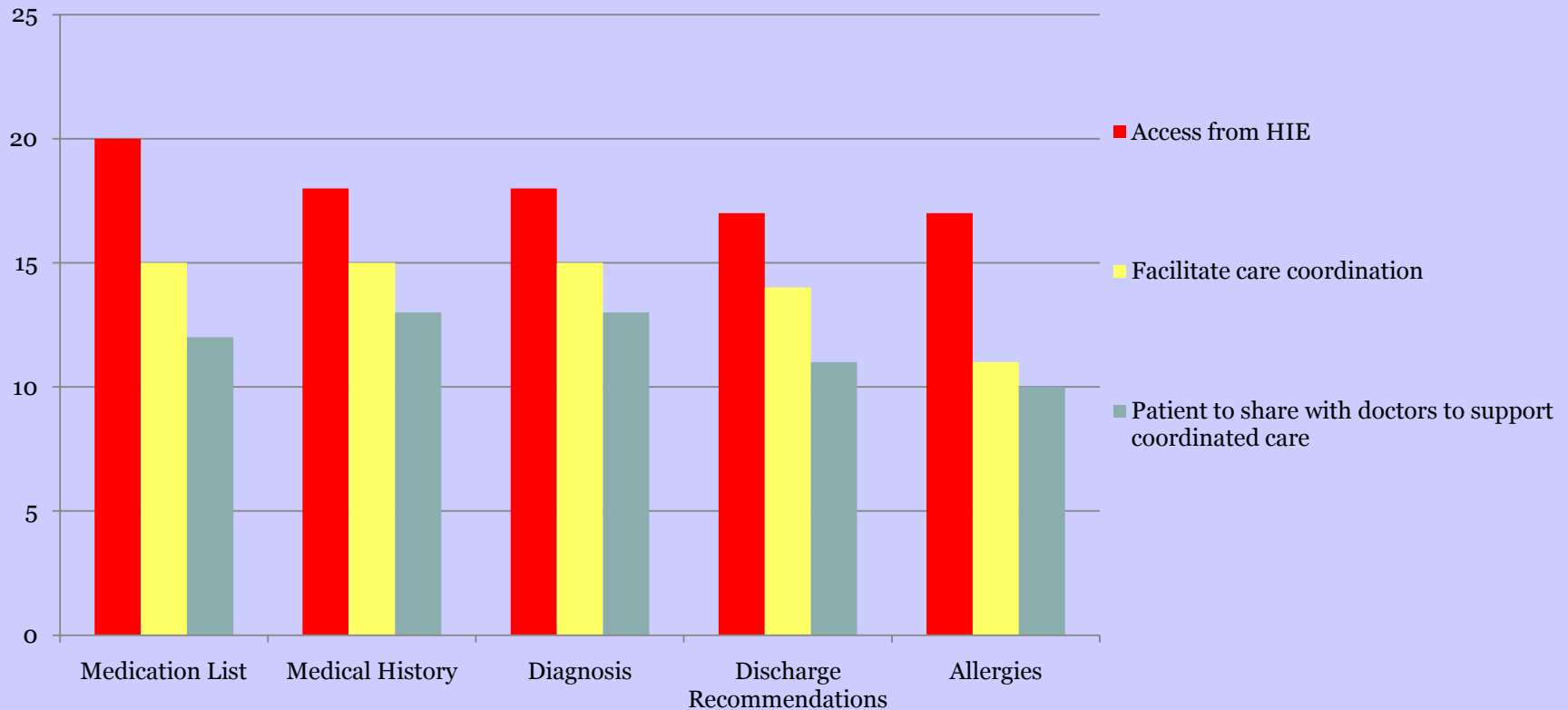
n = 120



A Premium on Health Data

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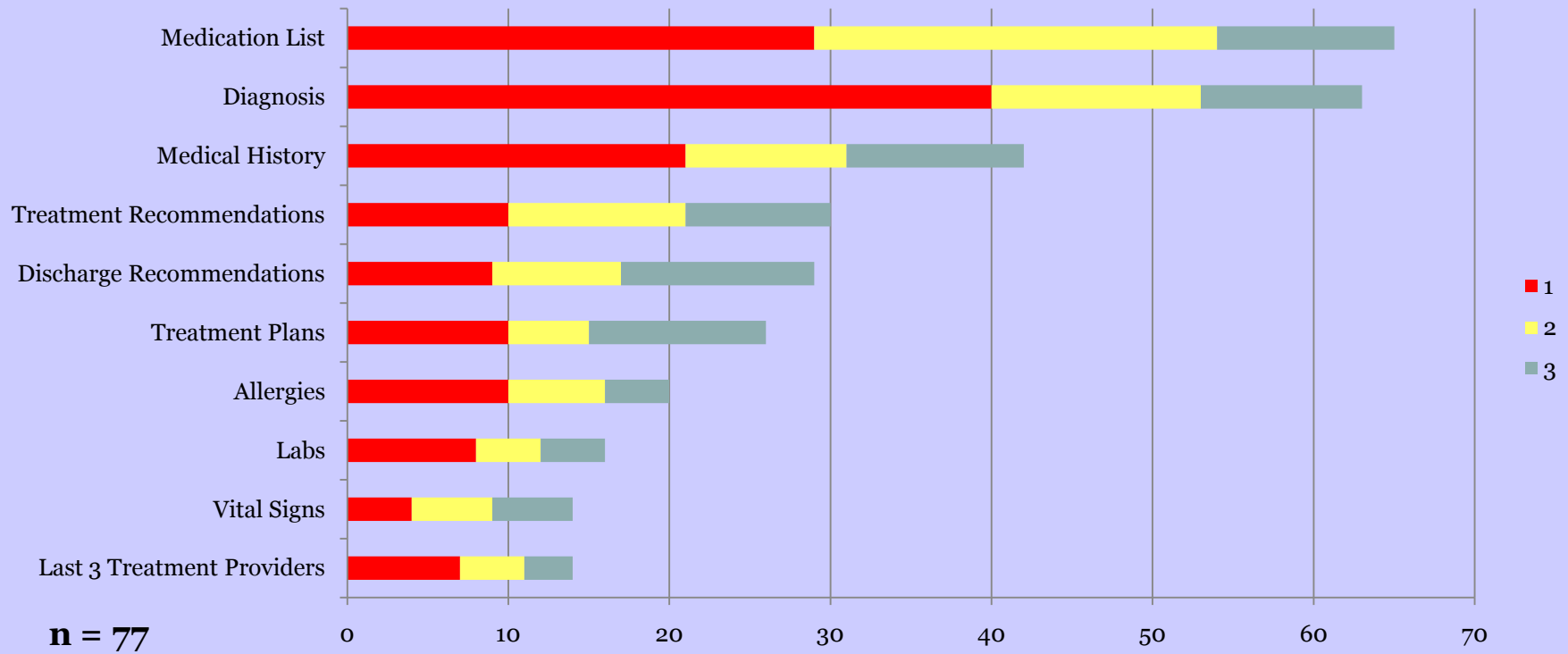
Top 5 pieces of information considered important with exchange context



Optimal care requires health data from the HIE.

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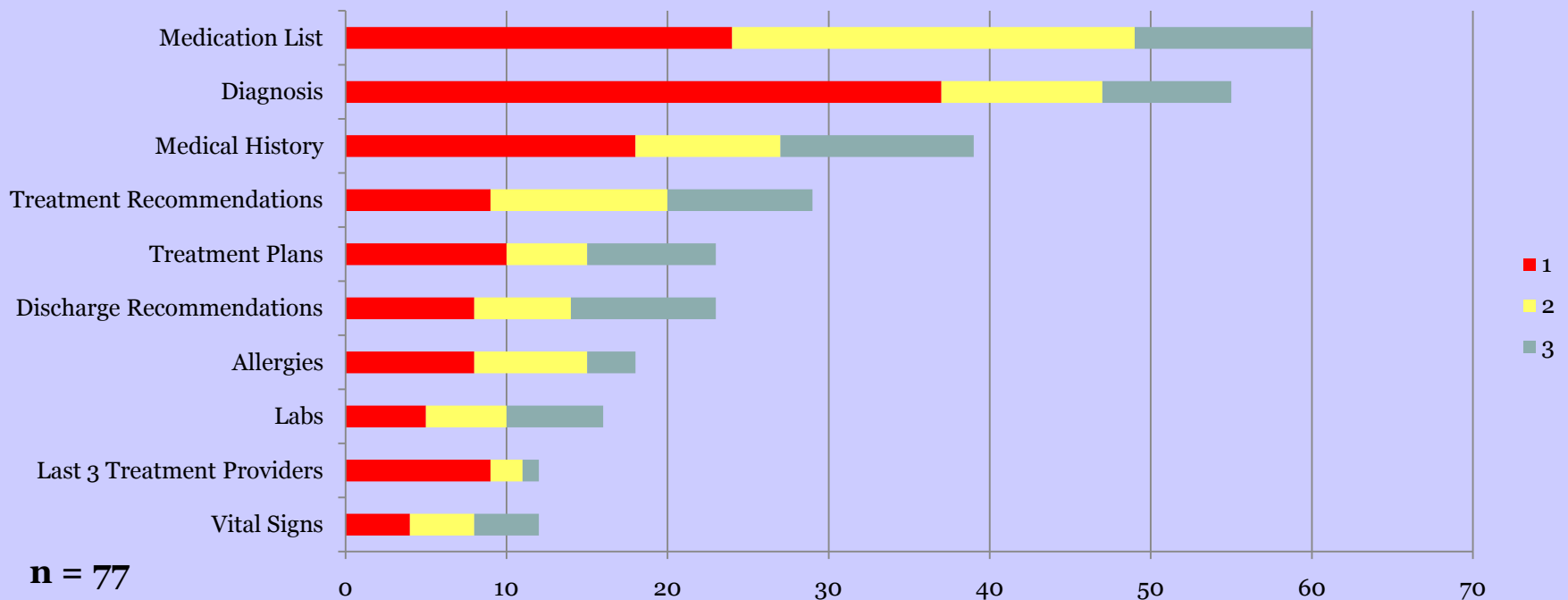
Information respondents would need to access from the HIE so that their consumers received optimal care, ranked with importance 1, 2, or 3 on a scale of 10



Less emphasis on care coordination

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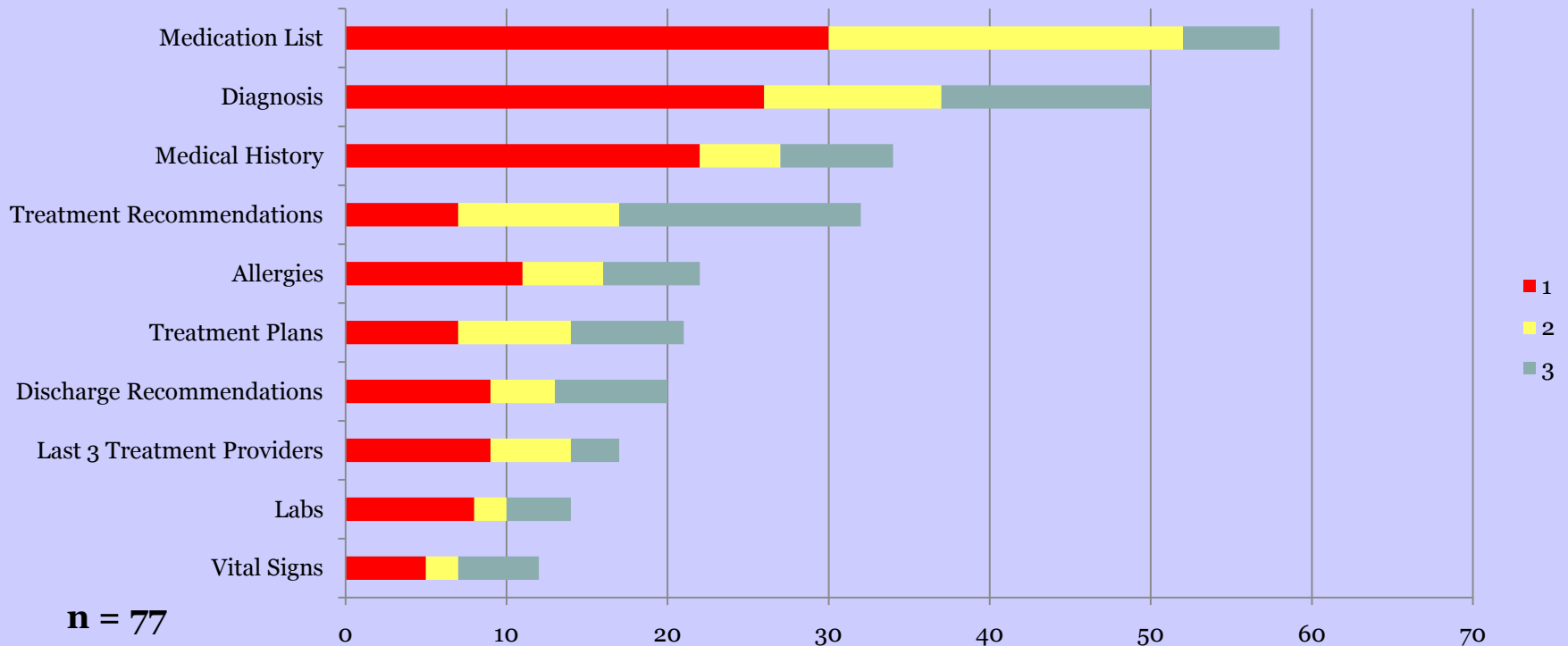
Information respondents would consider essential to facilitate care coordination between behavioral and physical health care providers, ranked with importance 1, 2, or 3 on a scale of 10



Less emphasis on sharing data with doctors

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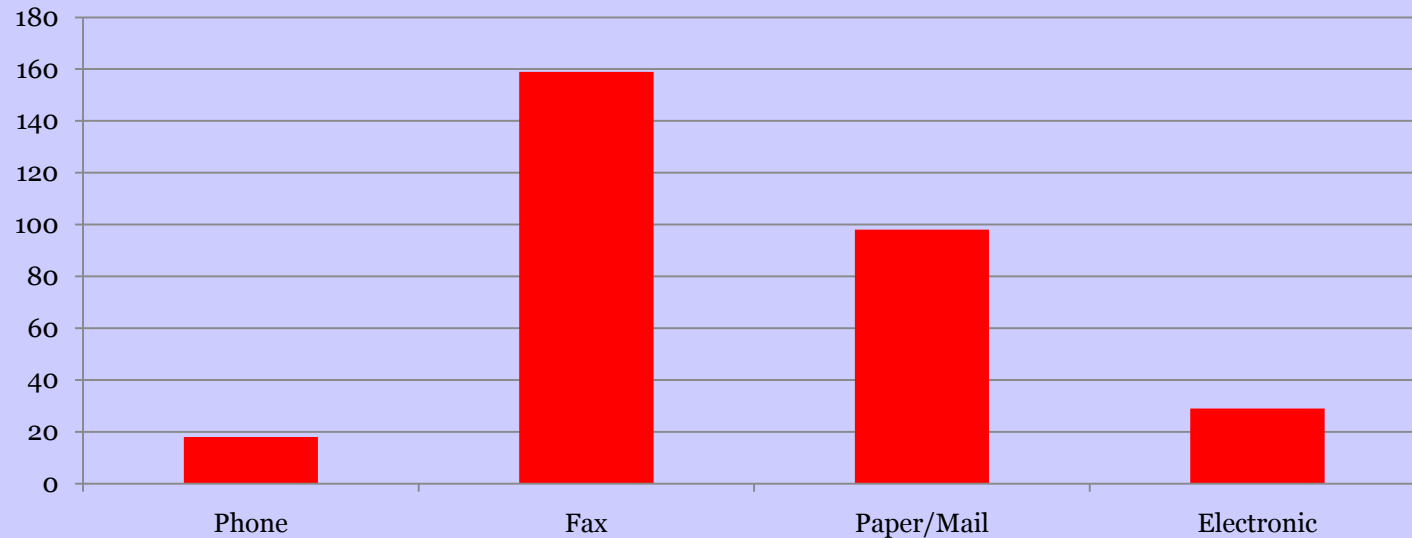
Information respondents would encourage patients to share with doctors to support coordinated care, ranked with importance 1, 2, or 3 on a scale of 10



Time to replace the fax!

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For the top 3 organizations with whom information is shared: Top 4 means of information exchange



Implications

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- MH and SA providers know and are committed to HIT and the adoption of EHR systems.
- EHR usage is prevalent among attendees.
- Provider decision-makers are listening to this discussion.
- All providers value health data for their services to provide optimal care.
- Sharing data is another matter.
- Consent process should be embedded in treatment, and provider should educate consumer on privacy and security of health data.

Implications (con't)

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- Providers have little exposure to all three laws (e.g. HIPAA, 42CFR Part2, IMHDDCA) governing consent and indicated interest in more education.
- Data driven services are at odds with restrictions, especially in light of co-morbidity rates.
- Providers concerned about funding cuts, managed care, and changes to prevailing practice culture (especially SA).
- For SA providers, concern centers on protecting against stigma and discrimination and whether consumer data will be accessed for civil or criminal law proceedings.

Limitations

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- Over 20 facilitators trained.
- Rockford became the de-facto beta test for the Summits.
- Data capture focused on systems analysis.
- Time constraints.

Next Steps

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- Finalize the findings
- Present to the Data Security & Privacy Committee of the ILHIE Authority Board
- Circulate among other provider communities

Thank You!

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**161 behavioral health professionals that spent
the day with us at the Provider Summits**

Thank You!

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Trade Associations & Staff

Community Behavioral Healthcare Association of Illinois: Marvin Lindsey & Terry Carmichael

Illinois Alcoholism and Drug Dependence Association: Sara Howe & Eric Foster

Illinois Association of Rehabilitation Facilities: Chris Burnett, Erin Laytham, Marisa Kirby

Sites

Rosecrance
Harold Washington College
Illinois Association for Rehabilitation Facilities
John A. Logan College

Facilitators

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